

RECEIVED
CENTRAL FAX CENTER
AUG 15 2011

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
United States Patent

To: Mail Stop PETITIONS
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450
Fax No.: 571-273-8300

From: James L. Sonntag
P.O. Box 9194
Salt Lake City, UT 84109
Telephone: 801-556-5674

Patent Number:.....6537940
Issue Date:.....03/25/03
Application Number:.....09/636157
Confirmation Number:.....6508
Filing or 371(c) Date:.....08/08/00
Applicant(s):.....Anil Vasudeo Virkar, et al.
Attorney's Docket Number: MSRI2034US1
Title: "ALKALI-METAL-BETA- AND BETA"-
ALUMINA AND GALLATE
POLYCRYSTALLINE CERAMICS AND
FABRICATION BY A VAPOR PHASE
METHOD"

CERTIFICATE OF FACSIMILE TRANSMISSION
I hereby certify that this paper is being facsimile transmitted to the
United States Patent and Trademark Office to 571-273-8300 on
August 15, 2011, 3 pages with this sheet from Fax No. (801) 607-
7634
Name of person signing certification: James L. Sonntag
James sonntag reg 302244 *[Signature]*

ATTENTION TO
THE OFFICE OF PETITIONS

Refund Ref:
09/01/2011 0030101770

Credit Card Refund Total: \$200.00

VISA....: XXXXXXXXXX9221

RENEWED PETITION UNDER 37 CFR 1.377

This is a renewed petition to the Director to accept and record payment of a maintenance fee for the above patent. A payment (\$1505) for the fee set forth in 37 CFR 1.17(g) (\$200), Maintenance fee (\$1240), and Surcharge (\$65) is filed herewith.

This is a renewed petition in light of the decision (Decision) mailed June 14, 2011, which dismissed the petition under 37 CFR 1.377, filed April 14, 2011 (Petition).

The Maintenance fee had not been refunded as of the date of the Petition, but has since be refunded. Accordingly, the Maintenance fee and Surcharge is accordingly resubmitted with this paper.

08/17/2011 DALLEN 00000004 6537940
01 FC:1599 1505.00 0P

09/01/2011 GARIAS 00000005 6537940

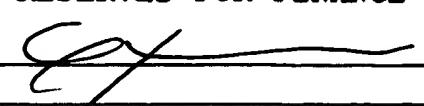
01 FC:2552 1240.00 0P
02 FC:2555 65.00 0P - 1 -

09/01/2011 GARIAS 00000005 6537940
01 FC:1599 1505.00 0P

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 08/30/11

2 Serial/Patent # 09/636157

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition	wfee	08/15/11	\$ 200.00
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 200.00	
		8 TO BE REFUNDED BY:	credit card	
10 REASON:		Treasury Check		
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #:		
<input checked="" type="checkbox"/>	Duplicate Payment	9	--	
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: Sherry D. Brinkley		TITLE: Petitions Examiner		
SIGNATURE: /Sherry D. Brinkley/		PHONE: (571) 272-3204		
OFFICE: Office of Petitions		*****		
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: 		DATE: 09/01/11		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B